

Psychiatric Day Treatment Services
(Partial Hospitalization)
Application

Thank you for your interest. In order for your application to be considered the following documents must be submitted to the Office of Health Care Quality:

1. Where applicable, provide the names of the corporate officers and those serving on the Governing Body or Advisory Committee along with verification that those serving meet the composition mandate of the regulation. (Reference COMAR 10.21.16.04C(3)(a)(iii) and 10.21.17..05A)
2. The organizational structure of your program that includes the identities of the specific individuals that will serve as the Program Director, Registered Nurse and the members of the Multidisciplinary Team, which includes a psychiatrist, a registered nurse and representatives of other appropriate disciplines. For each, submit their credentials, education, work experience, a copy of their Maryland License, etc.
3. A letter from each staff identified in response to requirement #2 that acknowledges their role in the agency, their familiarity with the provisions of the regulations governing the PRP program. Their letter must also acknowledge the hours they are required to be on-site. .
4. The protocol for credentialing and privileging staff must be submitted.
5. A summary of the program's demonstrated experience in the field of mental health and, in particular, the program's experience with the applicable Maryland regulations and funding requirements. In addition, please submit prior licensing reports issued within the previous 10 years from any in-state entities associated with the program, including deficiency reports and compliance records.
6. A Program Service Plan on the form approved by the Department. The Plan must address the following:
 - The range of services to be provided including psychopharmacological treatment, occupational therapy & activity therapy.
 - The populations to be served, including age groups and other relevant characteristics
 - The number of individuals expected to be served at a particular time and annually.
 - Location of program sites and hours of operation
 - The method to be used to ensure services are accessible to the individuals served
7. The goals, objectives, and expected outcomes including a projection of the number of individuals expected to transition from one program to another

8. A detailed staffing plan for the Partial Day that satisfies the ratio established in regulation.
9. Signed agreement with general or psychiatric hospital.
10. A Business Plan (new providers only). The Business Plan must include the following financial information:
 - Salary structure
 - Client mix necessary to maintain fiscal stability
 - Anticipated administrative expenses
 - Identification of necessary cash reserves needed to maintain the program during the start-up phase and any financial crisis which might arise
 - Identification of the individual responsible for providing the financial information
 - Other information which may be deemed necessary by the Department
11. A letter from the Core Services Agency that serves the area in which your clinic is to be located that acknowledges your mutual willingness to collaborate.
12. Your policy on the use, distribution/or administration of medications.
13. A fire inspection of the site to be used.
14. A detailed plan describing how the educational and training needs of staff will be satisfied. Please identify who will perform the training and their qualifications. The frequency of training/education must also be noted.
15. The Plan and Procedure for the care and treatment during a psychiatric emergency
16. A detailed description of the Utilization Review Committees functions, including the composition of the committee.

For Minors

17. Verification the program has registered with CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>). Evidence that staff have been fingerprinted and the outcome of the background check.

Please note that you have not been asked to submit your entire Policy and Procedure Manual for review. **You are expected to have developed policy on each of the required subjects and that your staff is familiar with them.** Should questions arise during the course of our review, specific policies may be requested. Staff understanding of your policies and procedures will be assessed during the on-site survey prior to issuance of an approval.

Note: Please forward a copy of your completed application to each Core Services Agency that serves the jurisdiction in which you will provide services.